

History of Vermont health care reform efforts
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- **1983**
 - Hospital Data Council – cost-containment effort
- **1987**
 - Vermont implements a Home- and Community-Based Services waiver to provide Medicaid coverage for people in their homes instead of in nursing homes
- **1989**
 - Dr. Dynasaur created as a state-funded program to increase coverage for pregnant women up to 200% FPL and children under age 7 up to 225% FPL
 - VScript created as a state-funded Rx program for elderly and individuals with disabilities up to 175% FPL
- **1990**
 - Medicaid eligibility for children ages 1-5 increased to 133% FPL (from 100% FPL)
- **1992**
 - HIV/AIDS Insurance Assistance Program created
 - Act 160
 - Created the Health Care Authority
 - Called for a report that included one single-payer plan and one multi-payer plan
 - Legislature to decide between the two
 - Lots of other initiatives, including insurance reform
- **1995**
 - Act 14 authorizes VHAP, a Section 1115 Medicaid waiver permitting coverage of low income uninsured Vermonters and a pharmacy program for low income elderly and disabled. Financed with increase in cigarette tax.
 - Home- and Community-Based Services waiver approved for Traumatic Brain Injury patients
- **1996**
 - VHAP and VHAP-Rx implemented
- **1998**
 - Increased Medicaid and SCHIP eligibility for children up to 300% of FPL

- **1999**
 - VHAP eligibility increases to 185% FPL for parents and caretakers of eligible children.
- **2002**
 - Increased VHAP and Rx program cost-sharing.
 - Elimination of benefits, including vision care, dentures, chiropractic, & elective surgery
- **2003**
 - Adult eyewear coverage suspended indefinitely.
 - Premiums established in VHAP and Rx programs
- **2004**
 - Pharmaceutical marketers must disclose name of gift recipients and average wholesale price (AWP) of drugs marketed; reports made to the office of the Attorney General
 - Public programs must cover over-the-counter drugs
 - Vermonters can fill prescriptions by mail from pharmacies in Europe and Canada (I-SaveRx)
 - Long-term care partnership program established pending federal approval
 - Legislative approval for Section 1115 Medicaid waiver for home- and community-based services (Choices for Care; implemented in 2005)
- **2005**
 - VPharm created to provide wrap-around coverage to the Medicare Part D benefit
 - Vermont Information Technology Leaders group established to work toward a state-wide health information technology plan
 - Chronic care coordination program developed in Medicaid to control costs
 - Green Mountain Health bill vetoed by Governor
 - GMH established a publicly funded health plan for uninsured Vermont residents with a limited benefit, which would be expanded over time to a universal, complete benefit
- **2006**
 - Catamount Health and Catamount Health Assistance Program created for uninsured Vermonters, to be implemented Oct. 1, 2007
 - Employer-sponsored insurance premium assistance program created for VHAP/Catamount-eligibles with access to ESI when that is more cost-effective to the state, to be implemented Oct. 1, 2007
 - Blueprint for Health chronic care initiative codified (program began 2003)
 - Employer assessment implemented – administered through DOL
 - Employers that don't offer insurance

- Non-eligible employees of employers who offer
 - Uninsured employees of employers who offer
 - Does not include seasonal or part-time employees in some instances
- **2007**
 - VHAP and Dr. Dynasaur beneficiary premiums reduced
 - Catamount Health and Catamount Health Assistance Program implemented
 - Employer-Sponsored Insurance Premium Assistance Program implemented
 - Blueprint for Health – chronic conditions pilots begin
 - Electronic Medical Record pilots begin
- **2008**
 - Focus on reducing obesity and healthy living
 - Small increases in Catamount Health eligibility (high-deductible plan exception; pregnancy not a preexisting condition)
 - Catamount preexisting condition amnesty (June 10 – November 1, 2008)
 - Health information technology fund and health information technology reinvestment fee created
- **2009**
 - Small increases in Catamount Health eligibility (high-deductible threshold reduced, self-employment exception, depreciation as business expense)
 - Health information technology focus to access newly available federal funds
 - Studies on reform to health care delivery system to be performed during the interim
 - Increase in cost-sharing in VPharm and some reductions in benefits in Medicaid
 - Pharmaceutical manufacturer gift ban enacted
 - VPharm therapeutic equivalency pilot program created
 - CMS approval sought to reduce Catamount waiting period from 12 to 6 months and to provide federal funds for 200% - 300% FPL
- **2010**
 - Consultant to design three options for health care system, to include single payer and public option
 - Payment reform pilot projects for insurers, Medicaid, Medicare
 - Expanded authority to BISHCA commissioner to limit hospital and insurer rate increases
 - Medicaid Clinical Utilization Review Board created
 - Blueprint expansions for primary care providers
 - Blueprint – health insurers required to participate as of January 1, 2011
 - Blueprint – hospitals required to participate as of July 1, 2011